

CITY OF MORGAN HILL

17555 PEAK AVENUE MORGAN HILL CALIFORNIA 95037 T. 408-779-7271 F. 408-779-3117

SPORT FIELDS RESERVATION FORM

PARK/FACILITY

Must be submitted with at least 10 working days prior to requested use.

PLEASE PRINT				
Name of Individual/Group/Organization:				
Name & Telephone Number of Representative for G	roup/Organization	<u>:</u>		
Address:				
City:	Zip:	Zip:		
Home Phone:	Zip:			
Community Park Ballfields: Field A (adult)	Field B	Field C (adult)	Field D	
Paradise Park: (Ball Field)	(Socce	er Field)		
Galvan Park: (Ball Field)	(Soccer Field)			
Date(s) of Event: (or attach		,		
schedule)				
Day(s) of week.				
Starting Time: (include prep)				
Ending Time: (include clean-up) Score Shed Key: Yes Deposit Rec				
Score Shed Key: Yes Deposit Rec	ceived			
Please note no vehicles are to be brought onto the	he park grass or	cement pathways. A spec	ial events form	
needs to be completed and approved for a tourn	ament.			
HOLD HARMLESS AGREEMENT:				
I understand that I and my group or organization				
grounds or equipment growing out of the occup				
We agree to abide by all rules and regulations go				
the City of Morgan Hill and their employees fr	ee and harmless	from any loss, claims or	liability or damage,	
and/or injuries to persons and property that in ar	ny way may be c	aused by applicants' use o	or occupancy of said	
facilities and hold harmless from all claims res	sulting from this	use. The applicant under	erstands the City of	
Morgan Hill, its officers, and employees are	not responsible	for any injuries or losses	s caused to anyone	
participating in any way in this activity.	_	-	_	
I, the undersigned, have read and understand the	rules and regulat	ions for facility/park use.		
Date: Signed:				